

#### Summary

Reporting Period: January 2019 - November 27th 2021(a)

**Statewide Statistics Current Year** 

396,650 <sup>(c)</sup>

Medicare Benes in MDPCP (+11% vs Prior Year End)

385.685

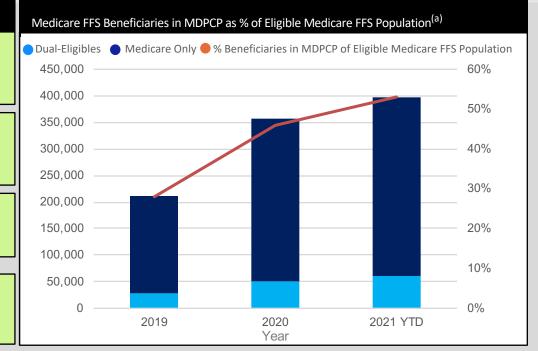
Medicaid Enrollees in MDPCP (+55% vs Prior Year End)

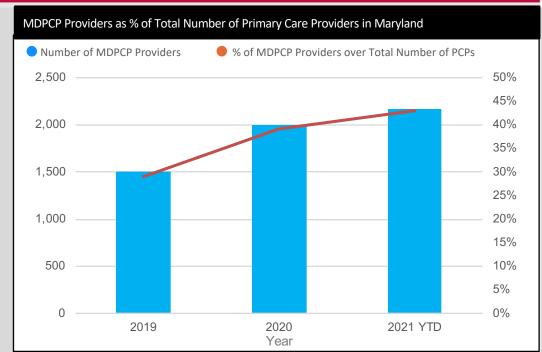
61,558

Total Dual Eligibles (+22% vs Prior Year End)

259

Total Track 1 Practices (-94 vs Prior Year End)







Total Track 2 Practices (+143 vs Prior Year End)

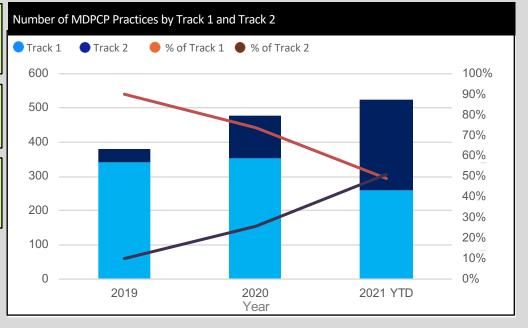
525

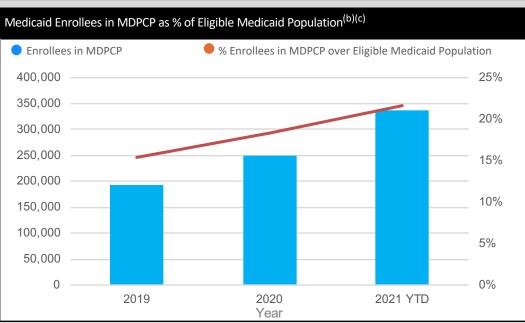
Total Practices (+10% vs Prior Year End)

2,166

Total Providers (+8% vs Prior Year End)

- (a) Data are through June 2021.
- (b) Reporting period for all Medicare and Medicaid data are from 2019 to September 2021.
- (c) Including Dually Eligible Beneficiaries in MDPCP.
- (d) Medicaid enrollees in MDPCP are Medicaid enrollees who received or are receiving MDPCP services. Dually eligible individuals are excluded.

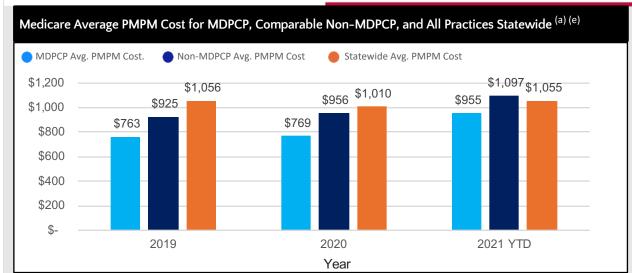


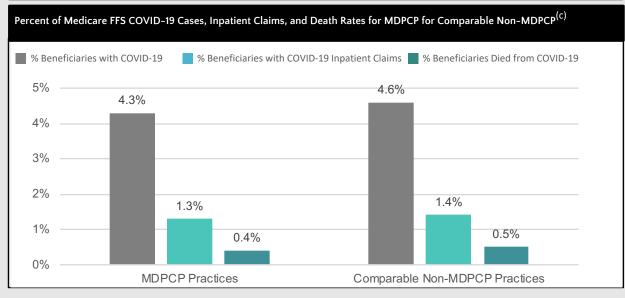


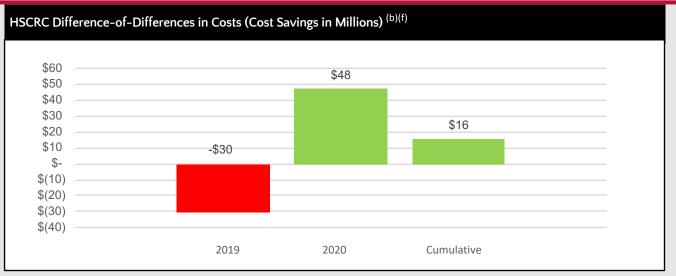


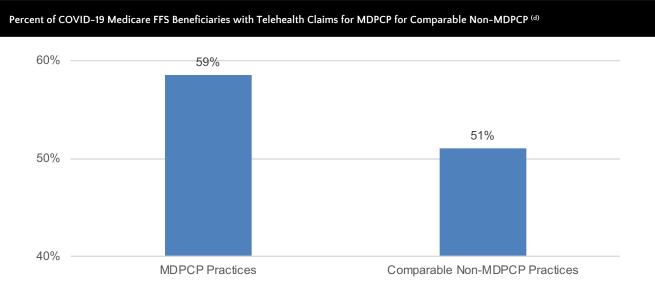
#### Cost Savings and COVID-19 Statistics

Reporting Period: January 2019 – November 27th, 2021







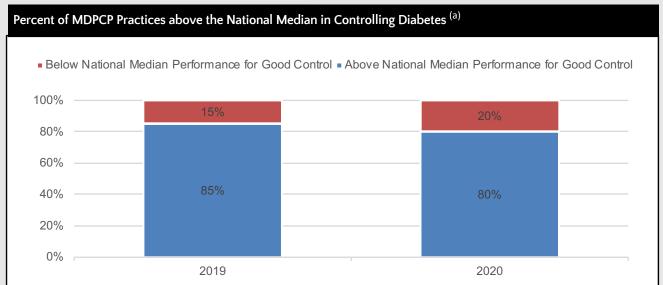


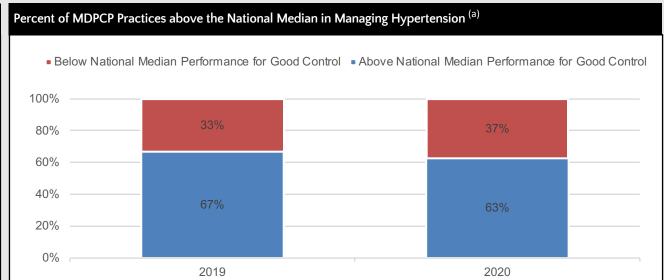
- (a) Comparable Non-MDPCP practices represent primary care practices that do not participate in the MDPCP program but serve patients that are demographically comparable to those served by MDPCP practices.
- (b) These data represent cost savings calculated by HSCRC (after care management fees) that can be attributed directly to MDPCP.
- (c) The difference in rates are statistically significant at the 5% level. More information can be found here: <a href="https://www.milbank.org/publications/improving-covid-19-outcomes-for-medicare-beneficiaries-a-public-health-supported-advanced-primary-care-paradigm/">https://www.milbank.org/publications/improving-covid-19-outcomes-for-medicare-beneficiaries-a-public-health-supported-advanced-primary-care-paradigm/</a>
- (d) Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and to manage health care.
- (e) Data are through June 2021.
- (f) Cumulative savings reflect the effects of compounding.

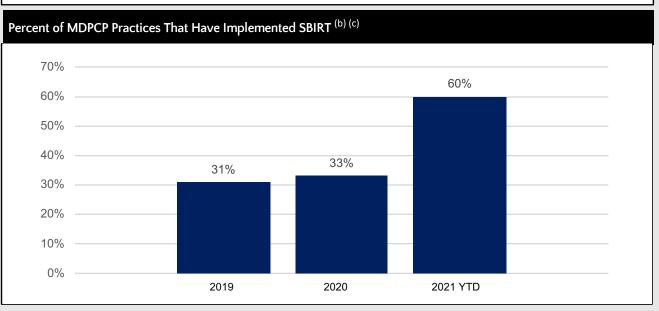


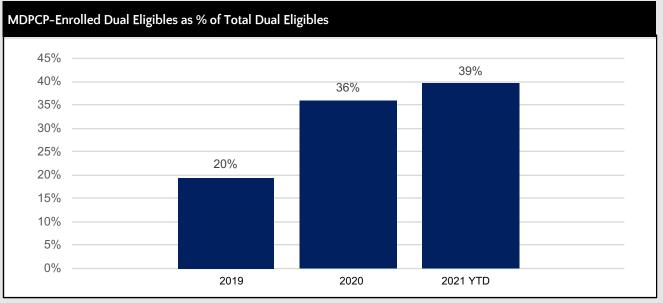
#### **MDPCP Practices Quality**

Reporting Period: January 2019 – November 27<sup>th</sup>, 2021







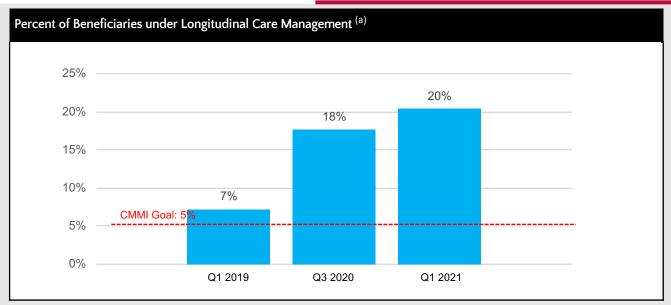


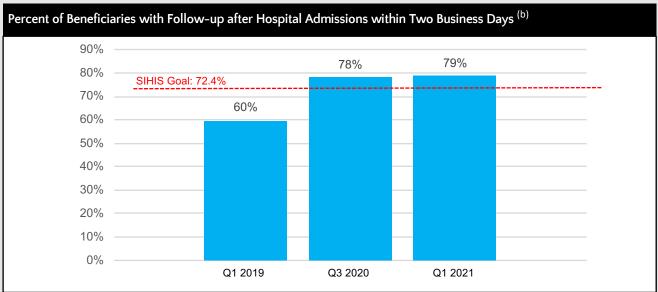
- (a) Based on MIPS (Merit-Based Incentive Payment System) reporting. A1C control is a method for treating and controlling blood sugar level for diabetes patients. Data are from 2020.
- (b) SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a best practice used to identify and refer to treatment for people suffering from substance use disorder (SUD).
- (c) Data are through May 2021.

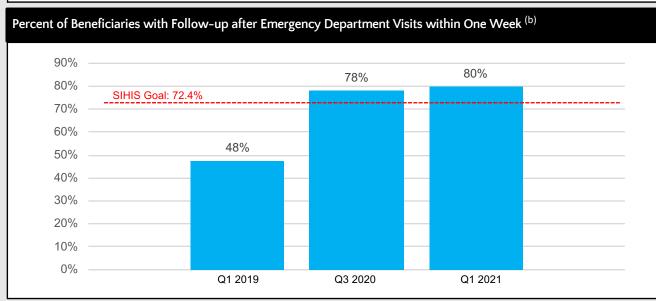


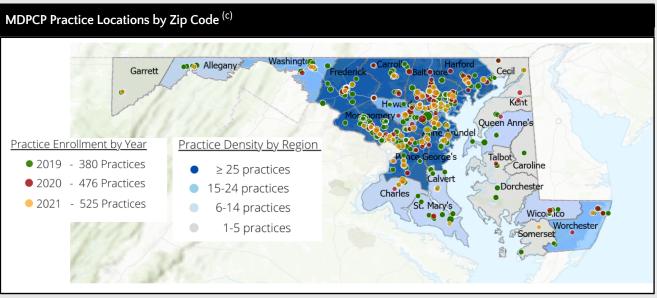
**MDPCP Practices Follow Up** 

Reporting Period: January 2019 – November 27th, 2021









- (a) CMMI (Centers for Medicare & Medicaid Services Innovation Center) develops and tests new healthcare payment and service delivery models to improve patient care and reduce costs.
- (b) SIHIS (Statewide Integrated Health Improvement Strategy) is designed to engage state agencies and private-sector partners to collaborate and invest in improving health, addressing disparities, and reducing costs.
- (c) Green represents 380 total MDPCP practices enrolled in 2019, red represents 96 new MDPCP practices enrolled in 2020, orange represents 49 new MDPCP practices that enrolled in 2021.